

**BUILDING DEPARTMENT**  
12453 Hwy 92 Ste 105  
Woodstock, GA 30188  
Phone: 770-592-6036 option 0  
Fax: 770-926-7820  
www.woodstockga.gov

# **FIRE ALARM PERMIT APPLICATION**

SUBMITTAL DATE: \_\_\_\_\_

**PLEASE TYPE OR PRINT**

PERMIT NO.: \_\_\_\_\_

**PROJECT INFORMATION:**

ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: CHEROKEE

**OWNER INFORMATION:**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ Email: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**ALTERNATE OWNER CONTACT (OPTIONAL):** NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**CONTRACTOR INFORMATION:**

COMPANY NAME: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ LICENSEE NAME: \_\_\_\_\_ STATE LICENSE NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_ ALT. PHONE: \_\_\_\_\_

**DESCRIPTION OF WORK:** \_\_\_\_\_

NUMBER OF DEVICES: \_\_\_\_\_

**PLEASE SEE BACK PAGE FOR SUPPORTING DOCUMENTATION TO BE  
SUBMITTED ALONG WITH THIS COMPLETED APPLICATION**

**APPLICANT'S AFFIDAVIT**

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in the City of Woodstock. I understand that a separate permit must be obtained for electrical, plumbing, heating, ventilation and air conditioning, pools, signs, etc.

I certify that all the foregoing information is accurate and all work will be done in compliance with all applicable laws and ordinances regulating construction and zoning.

**APPLICANTS NAME**

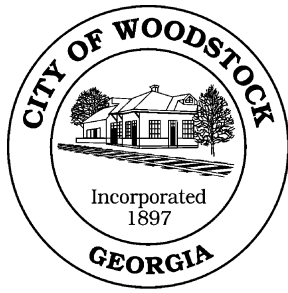
**SIGNATURE**

**OWNER** ☐

**AGENT** ☐

**CONTRACTOR** ☐

**TENANT** ☐



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**FIRE  
ALARM  
PERMIT  
APPLICATION**

SUBMITTAL DATE: \_\_\_\_\_

**PLEASE SUBMIT THE FOLLOWING ITEMS WITH THIS COMPLETED APPLICATION**

**INCOMPLETE SUBMITTALS WILL NOT BE ACCEPTED FOR REVIEW**

- ☐ 2 SETS OF FIRE ALARM PLANS
- ☐ COMPLETED UNIT SCHEDULE BELOW
- ☐ LOW VOLTAGE STATE CONTRACTOR'S LICENSE
- ☐ DRIVER'S LICENSE
- ☐ BUSINESS LICENSE

**UNIT COUNT SCHEDULE**

ITEM	COST	QTY	TOTAL
Device	\$ .50		
<b>BASE FEE</b>	<b>\$100.00</b>	<b>1</b>	<b>\$100.00</b>
<b>TOTAL FEES</b>			

Application reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_ Approved by: \_\_\_\_\_ Date: \_\_\_\_\_